MARYLAND STATE DEPARTMENT OF HEALTH 11205 CERTIFICATE OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICA

7110	KECOK	D3 - DALIM	OKE I, MAKILAND				
TE	OF	DEATH		11	1	9	A

		LACE OF DEATH				tion: Residence befare admission)
	0	COUNTY Calvert (O' MARYLAND	o. STATE m C	b. COUNT	Calvert
	Ь	CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	_ LA	c. CITY OR TOWN, (If o	utside carporate limits, write	RURAL and give nearest town)
×	.1.5	Prince Fredrick.	24x + 8month	X H	intinotoxi	S .
1	C	NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet address)	d. STREET ADDRESS	4	e. IS RESIDENCE ON A FARM?
		Calverthursi	ng Home,			YES NO
	3. N	IAME OF First	Middle	Last	4. DATE MC	onth Day Yeor
		Type ar print) WILLIAM	Walter	Cox	DEATH /	8 1961
	5. S	EX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthdoy)	Months Doys Hours Min.
	,	male. White, wio	OWED DIVORCED	Dec 23-18	61 93. yr	Manths Doys Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
i		FARMER	TOBACCO	MARV	LAND	US.A.
	13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN	IAME	
	4.7	William. Cox	L,	SUSAN	lur	ner.
ı	15. \ (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Ad	dress
		No	M	+S. MUTA	JOX - HUN	TINGTOWN, MD.
		1B. CAUSE OF DEATH [Enter only one couse p	er line for (o), (b), and (c).]	1)	1	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a suary	heart de	sease	ONSET AND DEATH
		420.1 DUE TO	-			
ď		Canditions, if ony, which	arleris	chroais		
		gave rise to immediate DUE TO				
		lying cause lost. (c)				
	ON ON	PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CAT					YES NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Part II af item 1B.)	
	- T.	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
a	MEDICAL		- for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County) (Stote)
	ME		/hile Not while wark at work	/	0 / 1.	
		21. I certify that (1) (this hospital) of	tended the deceosed from	9/10 19	61.10/0/6	, 19_6/, that (I) (we) last
		sow the deceased alive an 10/6	2196/, and that a	death occurred at 7.4	M, from the causes a	nd on the date stated abave.
		22a. SIGNATURE	/			22b. DATE SIGNED
		MURE-	ny	M.D. PHYS. MI	ED. STAFF RECTOR PHYS.	10/9761
	1	22c. PHYSICIAN'S NAME (Type)	41	22d. ADDRESS	+	in 11
		7. 7	vee Ms	Hus	ulinglows	v ma.
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	ar caunty) (Stote)
		BULLAL Oct. 10 19	61 MT. HARM	ONY Cemeter	4 OWIN	95. M.D.
	24.	UNPRAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'	BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
	A	telchin funeral H	ome wung	THE DATE OF	T 1 3 '61	Thur I fe

To SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the death. Page 4 by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages Land 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

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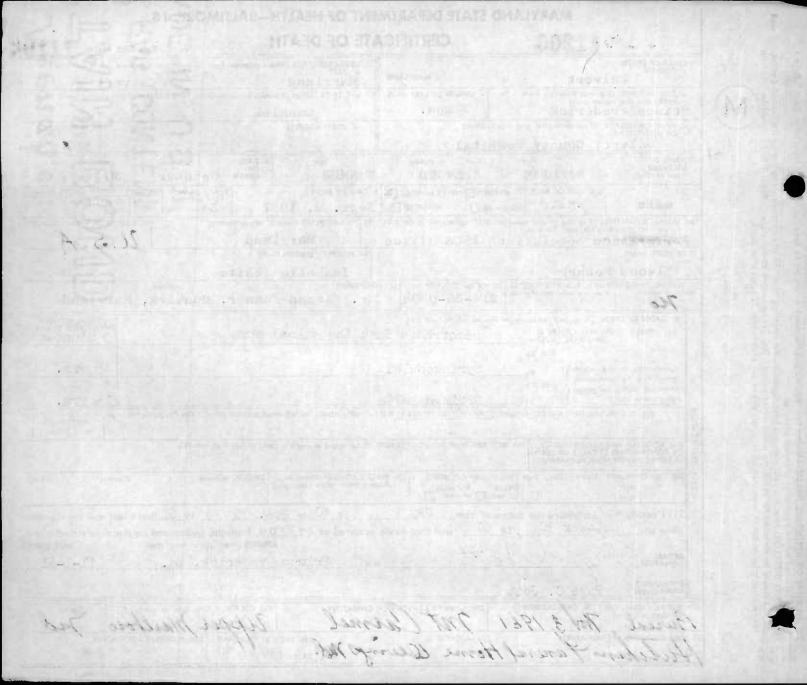
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and completely lined in by the loneral director,	and 2 should be filed with
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בול ווופח	Pages 1
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11900 CEDTIEICATE OF DEATH

		77709	CEKTIFIC	CA	IE OF DEATH			Reg. Dist	. No.		110
1. PLACE a. COL	OF DEATH	lvert	MARYLAN	D	2. USUAL RESIDENCE (Whe	ere deceased	l lived. If institutio b. COUNTY	n: Residence		odmissia	n)
b. CITY RUR Pri	OR TOWN (III AL ond give ne nce re	outside corporate limits, write arest town) ederick	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If ou		rate limits, write RU			t town)	
d. NA/ OR	INSTITUTION	AL (If not in hospitol, give street rt County Hosp			d. STREET ADDRESS					IS RESID	ARM?
3. NAME DECEA (Type o	OF SED or print)	First WILLIAM	Middle ELWOOD	ı	lost ONNER	4. DATE OF DEATH	Octobe		Day		61
	ale	6. COLOR OR RACE 7. MARI	ED DIVORCED	1 5	DATE OF BIRTH Sept. 9, 192	7	last birthday) 34 yrs.	Months E		UNDER	24 HRS. Min.
		N (Give kind of work done 10b. ing life, even if retired) ce Specialist	ASCS Office		RY 11. BIRTHPLACE (Stole o		ountry)	12. CITIZ	EN OF V	WHAT C	OUNTRY
	R'S NAME				14. MOTHER'S MAIDEN NA			100	,0,	1	
	lwood I				Isabelle	Whit	е				
Yes, no, or	unknown) (If yes, give war or dates of service)	14-30-0504	. 125	ormant fr. Elwood F	onner	, Dunkir		ryla	and	
1B. C		TH [Enter only one cause per li TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	•	int	to the spinal	cord			ONSET 3 m	AL BETY AND D inut	EATH
gov	ditions, if on e rise to in	mediate (Dur to	Syringobulb:	ia					15 :	yrs.	•
	e (o), stating t g couse lost.	he under-	Syringomyel	ia					15	vrs.	
CERTIFICATION OF CO. (IE EIT	PART II. OTH	ER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH E	BUT N	OT RELATED TO THE TERMIN	IAL DISEASE	CONDITION GIVE	N IN PART	P	WAS AL	VED?
	ACCIDENT WAS ONTRIBUTING THER, NOTIFY	S UNDERLYING [] 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED.	(Enter nature of injury in Po	ort I or Port	II of item 18.)				7/4
	ME OF INJURY Hour o. m, p. m.	Month, Doy, Year 20d. It While of world	_ Not while	PLAC facto	E OF INJURY (Hame, form, ry, street, office bldg., etc.)	20f. (City	or lown)	(Co	unly)		(Stote)
21. I alive	an Oc	at I attended the decease tober 30 19	/-	oth c		M, fram	the causes are eet, city or town, s	nd an the	st saw date	stated	above. E SIGNED
NAME	CIAN'S : (Type)	Page C. Jett									
Bu	real (Specify)	70 3, 1961	22c. NAME OF CEMETRY	OR	mel	Up	ON (City, town, or bee Ma	ultor	0	(Stote)	a
Hu	Lehis	in Funeral t	tome Que	ren	PART DATE NO			TRAR'S SIGN			

10 VS A15 (4) 15M 10/57



ian,	8	11207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1119
4 shauld b	M	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE TANKere deceased lived. If institution residence refere admission) b. COUNTY MARYLAND
Page burial,		b. CHT OR TOWN (If ourside corporate limits, write BURAL ond give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
irectar. les. priar ta	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
yaur fil		3. NAME OF DECEASED (Type or print) Pulled A DATE Month Day Year OF DEATH 1996
3 to the fall of initial of initial the registrar		5. SEX 6. COLOR OR RACE MARRISO NEVER MARRISO 8. DATE OF BIRTH WIDOWED DIVORCED AD T] - 9. AGE IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
t, and 3 is be retained and 2 wi		100- USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY TI. BIRTHPIACO (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ages 1, 2, ge 5 may pages 1 a	(T)	13. FATHER'S NAME Hall 14. MOTHER'S MAIDEN WANTE INTOLLAS
ive Pag Page File po	(1)	15. WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANTS HOUSE OF SErvice) (If you, give war or dates of service) (If you, give war or dates of service)
n PM3 rm PM3 permit.		18. CAUSE OF DEATH [Enler only one cause per line for (a), MS, and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)
in Item with fartransit		Conditions, if ony, which) (b) (b) (b) (b) (conditions, if ony, which)
n pencil alang		gove rise to immediate couse (a), stoling the underlying cause lost. (c)
ding" i	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pen aminer'		20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) CAUSE OF DEATH.
the wardical Ex		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (Cy or town) (State) while of work at work at work 19/10/10/10/10/10/10/10/10/10/10/10/10/10/
writing hief Me	1	2). I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that death resulted frame Natural causes. Accident , Suicide , Hamicide , Undetermined cause .
ifficate, a the C DIRECT	S.	ACTUAL SIGNATURE AD LATE SIGNED,
FUNERAL I		ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
forward forward TO FUNES	18	22a. BYRIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 10-7,61 22c. NAME OF CEMETERY OR CREMATORY 10-7,61 Mt. Hope 22d. Location (City, fown, or county) Sunderland Md
S. A15ME(5) 5M 9/55	3	23. FUNERAL DIRECTOR'S SIGNATURE PINKNey E. Sewell Pr. Frederick, Md. DAY CT 10'61 Cultur S. Frank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

haurs after death: Page 4

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO FEWERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely wiled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremotian, or removol, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11208 CERTIFICATE OF DEATH

ange a	1100							Reg. Dist	No.	- T - 0
1. PLACE OF DEATH a. COUNTY	Calvert		MARY	LAND	2. USUAL RESIDENCE (No. STATE Mary)		d lived. If institution b. COUNTY			mission)
b. CITY OR TOWN (RURAL and give n Owing	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY 40 yea		c. CITY OR TOWN (I	f outside corpo	rote limits, write R	URAL ond gi	ve nearest t	own)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ive street a	ddress)		d. STREET ADDRESS				OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir BERTHA		Middle ELIZABE		Lost HARDESTY	4. DATE OF DEATH	Octob		Day 10	Year 19 61
s. sex Female	6. COLOR OR RACE white	7. MARRIE	The second secon		B. DATE OF BIRTH Feb. 17, 18	392	9. AGE (In years last birthdoy) 69 yrs.		YEAR IF U	NDER 24 HRS urs Min.
Housew	king life, even if retired		omestic	R INDU	STRY 11. BIRTHPLACE (Sto		ountry)	12. CITI2	S.	A .
Wesley	Sherbert				14. MOTHER'S MAIDEN	NAME OND	sky			
IS. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of si		OCIAL SECURITY NO	-	erkeley Hard	lesty	Owings	-10	land	
Conditions, if a gove rise to i cause (o), stoting lying cause lost.	mmediate (Hyp	elvsi	که ۵	V.R. des	000	٩		ÖNSET	BETWEEN ND DEATH
5					NOT RELATED TO THE TER.			'EN IN PART	PEI	AS AUTOPSY RFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yec		URY OCCURRED Not white	20e. PL/	ACE OF INJURY (Home, fortory, street, office bldg., e	rm, 20f. (City		(Co	runty)	(State)
alive an ACTUAL SIGNATURE	at I attended the	196	L,, and that		accurred at Hunts	ADDRESS (S)	the causes a reet, city or town,	ind an the	st saw the date sto	ne decease ated abav DATE SIGNI
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	ON, 22b. DATE THEREO		22c. NAME OF CEME	ETERY O		22d. LOCAT	ION (City, town, o	or county)	-	itote)
23. FUNERAL DIRECTOR	SSIGNATURE Horizal Ho	me	ADDRESS			C'D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	NATURE	

VS A15 (4) 1SM 10/57

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		Land to the state of the state	
16.34		REPAIR TO	
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STATE OF THE STATE			
	Shed great her bear		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11209 necessory, please exertor. Page 4 should be cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY a. STATE b. COUNTY MARYLAND buriol, b. CIDE OR TOWN III outlide corporale limits, write RURAL ector. Page c. LENGTH OF STAY IN 1b c. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL Of INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? files. YES T NO T 3. NAME OF Middle DATE Month Day Year L D O DECEASED (Type or print) DEATH 2, and 3 to the y be retained for y ond 2 with the per 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Days Hours WIDOWED | DIVORCED YES. 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fafeign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ofter 2, ond 13. FATHER'S NAME 1, 2, may OTHER'S MAIDEN pages Poges Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File Give within PM3 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (b). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (o) -tronsit DUE TO Conditions, if ony, which pencil olong gove rise to immediate cause MEDICAL EXAMINER: This certificate should DUE TO (o), stoting the underlying cause lost 2. Office 0 SO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? used NO [iner's 26. DESCRIBE HOW INJURY OCCURRED. (Enter nature of july in Port I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Exami should the ward 20d. INJURY OCCURRED 20e. BLACE OF INJURY (Home, farm, 20f. 49th) or town) (20c. TIME OF INJURY Month, Day, Year (Coun) (State) worded to the Chief Medical FUNERAL DIRECTOR: Page 3 s While of work at work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection Inquiry ond find that V me certificate, with death resulted from: Natural causes Accident Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE OCT 11 '61 Chillian & Kraus 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VR A1S (4) 1SM 9/S9

MARYLAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11210

1.	Calvert			MARYL		usual RESI o. STATE Mary]		ere deceased	l lived. If institution b. COUNTY.		nce befa	re admissi	on)
	E. CITY OR TOWN (I RURAL and give no Prince Fre		its, write	c. LENGTH OF STAY IN			TOWN (If a	utside corpoi	rate limits, write R	URAL and	give nec	prest tawn)
	d. NAME OF HOSPIT	AL (If not in hospital, a		address)		ON						e. IS RES ON A YES	DENCE FARM?
	NAME OF DECEASED (Type or print)	Fin Bab	rst	Middle Boy Hi	icks	Las	t	4. DATE OF DEATH	Octobe		8 Do	,	rear 1961
S. 5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	36.	ATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDE Manths	R I YEAR		
_	Male	Negro	WIDOW			9/30/			yrs.		TO		
	during most of work	DN (Give kind af work king life, even if retired		KIND OF BUSINESS OR		Mar	yland		ountry)	12. CI		S. A	OUNTRY?
13.	FATHER'S NAME	2. 2.2			14	. MOTHER'S							
		yfield Jo					l Hikk	S					
		R IN U.S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFOR	MANI	100		Addr			26.3	
			-		Pe	earl H	icks	(moth	er) Hun	tingt			
		TH [Enter only one co TH WAS CAUSED BY:	use (ser) li	ne for (o), (b), and (c).	+						ONS	ERVAL BE	DEATH
CERTIFICATION		the <u>under-</u> DUE TO	DITIONS	CONTRIBUTING TO DEAT						'EN IN PA	RT 1(o) 1	9. WAS . PERFO YES [RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)											
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d. I While at war	_ Not while _		OF INJURY (street, affici			or town)		(County)		(Stote)
	21. I certify that (I) (this hospital) attended the deceased fram 9/30/ 1961, ta 10/8 1961, that (I) (we) last saw the declared alive an 10/8 19 61, and that death occurred as \$300, from the causes and an the date stated above.												
	saw the deceas	ed alive an1	0/-0	19_Q.L. and t	hat deat	h occurre	d at 2.3	W, Arom	the causes an	d an th	e date		abave.
	THI	Leec	ce		M.D.	ATTENDIN PHYS.	DIF	D. RECTOR	STAFF PHYS			10	SIGNED /8/61
	22c. PHYS/CIAN'S NAME (Type)	r. George	J. We	eems				own. N	Maryland				
230	BUNAL, CREMATIC	N. 23b. DATE THEREC		23c. NAME OF CEMET	TERY OR CR		22.00		ION (City, town, o	or county)		(State	e)
	REMOVAL (Specify)	10-9-	61	Plum Po	oint		11-11		Ca	lvei	ct	M	d .
24.	FUNERAL DIRECTOR			ADDRESS		ud	2Sa. REC'D	BY REGIST					
	links	rey E, &	Dei	well Pr.F	rude	rick,	DATE	1 0 '61	U.	hur S.	Kom	•	
2	064182	. KVI											

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

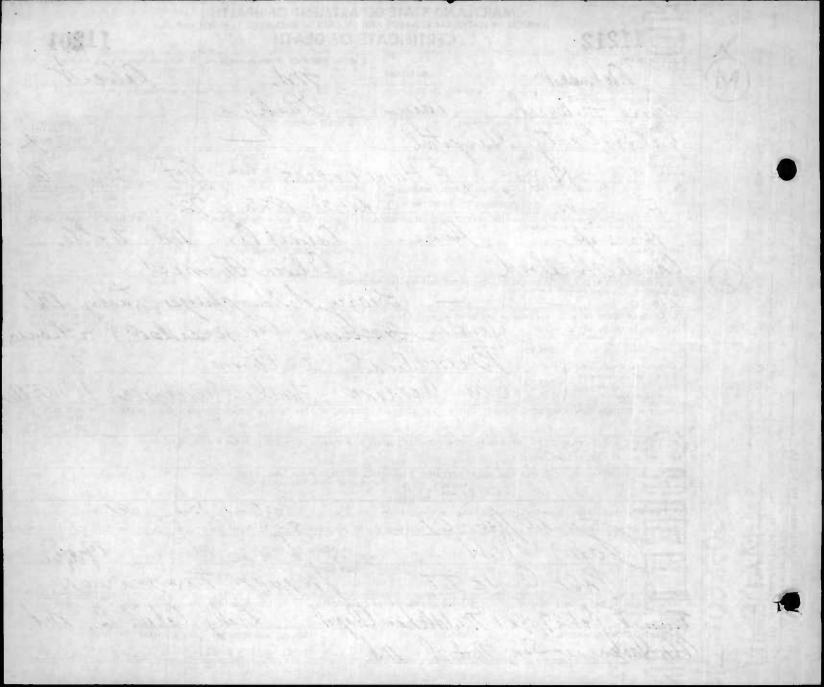
10	11	217		CERTIF	ICAT	E OF DEA	ATH				TIK	UU
1. Pi	COUNTY	· · · +		MARYI		o. STATE	1		If institution	0	sefore adm	
ь		outside corporate limit		LENGTH OF STAY	N 1b	c, CITY OR TOV	(If outside	corporote lim	nits, write RU	RAL ond give	nearest to	own)
d	NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	fy /	tospita	.//	d. STREET ADD	RESS				ON	RESIDENCE I A FARM?
D	AME OF ECEASED ype or print)	Fin	il /	Middle	BA	Last	4. D	ATE F EATH	Month		Day	Yeor
S. SI		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH	151	9 AG		IF UNDER 1 Y Months Da	_	-
100.	USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	lone 10b. KIN	ID OF BUSINESS OF	RINDUSTR	Y 11. BIRTHPLAC	E (State or fore	ign country)		12. CITIZEN	N OF WHA	T COUNTRY?
13. F	ATHER'S NAME		9108			14. MOTHER'S MA	AIDEN NAME	1	/-			
	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of st	CES? 16. SO(CIAL SECURITY NO.	17. INFO	DRMANT	15 U	16. H	Addre	ess /		
CERTIFICATION	Conditions, if or gove rise to it couse (o), stoting lying couse lost.	mmediote (ATRIBUTING TO DEA	TH BUT NO	OT RELATED TO TH	124	Week	DITION GIVE	7	(o) 19. WA	S AUTOPSY DO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yea		Not while	20e. PLAC	E OF INJURY (Hory, street, office bi	me, farm, 20f	or Port II of i		(Cou	nty)	(Stote)
		t (1) (this haspital ed alive an 10 de la		the deceased		oth accurred of ATTENDING PHYS. [22d. ADDRESS	MED. □ DIRECTO	STA	FF		ate state	(we) last ed abave. 22b. DATE SIGNED
23q.	BURIAL, CREMATIO REMOVAL (Specify)	N, 236, DATE THEREO	F 2	3c. NAME OF CEME	TERY OR	CREMATORY	23d. I	OCATION (City, town, or	county)		tote)
24. F	Puneral director	S SIGNATURE	Soer	ADDRESS ell. Ru	ici F	1	ATE OCT BY R	EGISTRAR 6 6 1		TRAR'S SIGN		
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	112	12		CERTIFIC	ATE OF DEAT	Н		11201
1.	PLACE OF DEATH	lugs t		MARYLAN	g STATE		If institution: Residence	before admission)
	b. CITY OF TOWN (If RUPAL and give ne	autside corporate lim	nits, write c. LE	I day	c. CITY OF TOWN	1	nits, write RURAL ond give	e nearest town)
	d. NAME OF HOSPITA	Al (If por in haspital,	give street addres	retal	d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM? YES NO
3.	MAME OF DECEASED (Type or print)	Nor	irst /	E. Hu	mphreus	4. DATE OF DEATH	Not a	Day Yeor 196/
	SEX F	6. COLOR OR RACE	WIDOWED [NEVER MARRIED DIVORCED	DOC 28, 12	888	12 yrs. Months D	YEAR IF UNDER 24 HRS ays Hours Min.
	House	. //-	dane 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (STO	Ala.	And TI	NOF WHAT COUNTRY
	Charles	Baffe	ed		14. MOTHER'S MAIDEN	ia Thos	nes	
1.8. (Ye	WAS DECEASED EVER	IN U. S. ARMED FO If yes, give war or dates of	RCES? 16. SOCIA	L SECURITY NO.	Harry L.	Hunghe	Address Xus	hy Ml
		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE ((101)	(a), (b), and (c).	Tecluse	(zuyoc	erdeel)	INTERVAL BETWEEN CHISET AND DEATH
	Conditions, if ar		b) 13	make	il as	Elima		7
-	cause (o), stoting t lying cause lost.	the under-	(c) Clis	Cara	ino fa	iline (Eurasar Ca	18 MM
CATION				Go & E	BUT NOT RELATED TO THE TE			PERFORMED? YES NO
AL CERTIF	(IF EITHER, NOTIFY	MEDICAL EXAMINER)			RRED. (Enter noture of injury			
MEDICAL	Hour o.m.	Y Manth, Day, Ye	While !	OCCURRED 20e. Nat while	PLACE OF INJURY (Hame, for foctory, street, affice bldg.,		n) (Cai	unty) (State
	saw the decease	t (I) (this haspite ed)alive an	61/5/	. / /	nt death accurred of	1950, ta 201 30M, fram the c	auses and an the a	, that (I) (we) last date stated above
	220. SIGNATURE	agel	John		M.D. ATTENDING PHYS.	MED. STA	rs. 🗆	19/28/G
	22c. PHYSICIAN'S NAME (Type)	PAGE (O. JE	77	22d. ADDIESS	VCE 7	REDER	rep
L	BURIAL, CREMATIO REMOVAL (Specifi)	Oct 291	1961 7	NAME OF CEMETER	· Chapel	Lucky	City, tawn ar county)	(State) md
24	Q. Lask	s SIGNATURE	on The	Local 1	25a. RE	OCT 31 '61	25b. REGISTRAR'S SIGN	

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of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If institution Residence before admission) 1. PLACE @ FDEATH a. COUN a. STATE b. COUNTY MARYLAND R TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside diporata limits, write RURAL and give nearest town) BURAL and give naerest wwn) OPINSTITUTION (if not in hospital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? with The Star YES NO NAME OF Middle DATE Month Day 4. Year DECEASED OF (Type or print) DEATH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED IF UNDER 24 HRS NEVER MARRIED bhthday) Months Days Hours WIDOWED DIVORCED YES. CUPATION (Give kind of work BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3 Page burial-transit permit. File pages 1 and moval, and in any event within 72 1 a, avan if ratirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H. Maria Waters Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 1605 mulberry Grace Jones 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO removal Conditions, if any, which (b) gave rise to immediata causa Medical Examiner's DUE TO (a), stating the underlying 0 cause last. cremation, CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNAFICANT CERTIFICATION PERFORMED? execute the certificate, writing the word YES should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING bage 3 shot to burial, MEDICAL EXAMINER: CAUSE OF DEATH. be forwarded to the Chief RAL DIRECTOR: Page 3 3 MEDICAL Month, Day, Year 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f City or town) (County) plactory, style, office bldg., atc.) Whila at work at work prior should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described bove, held an Autopsy Inspection and in my opinion agent, death resulted from: Accident Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER its designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE LID DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Street, city, town, or county) 22a, BURNAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 1,61 ö 940 Friend
24a. REC'D BY REGISTRAR [24b 23. FUNERAL DIRECTOR VS. A15ME '61 arthur S. House 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH

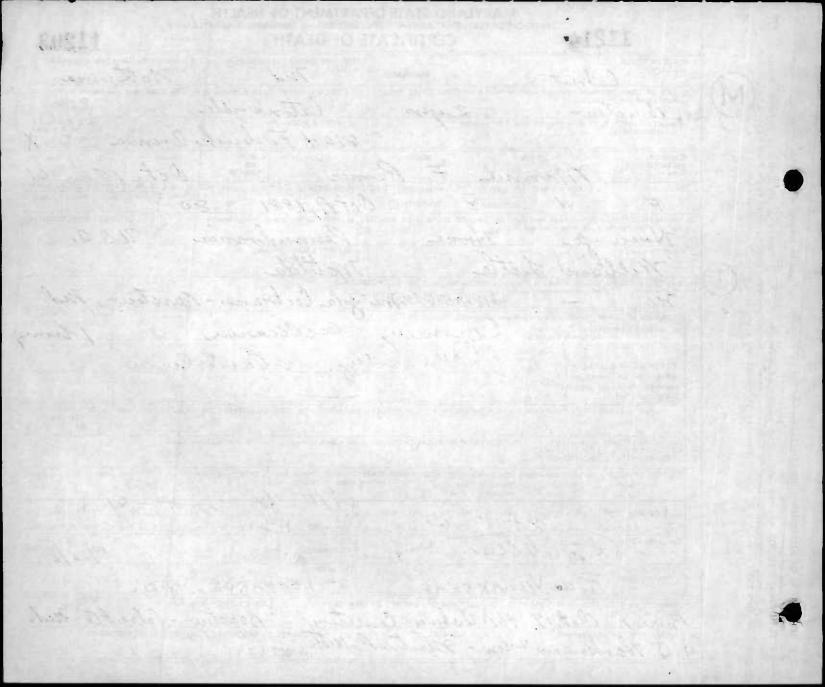
3:13:

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11214

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

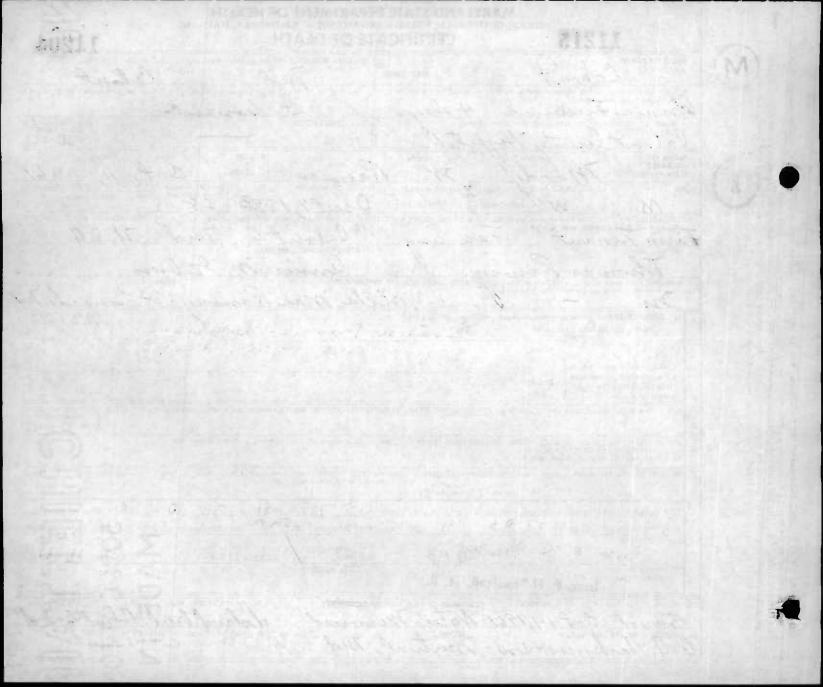
1.	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY Saltanere	7.
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Calculate d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS le. IS RESIDEN	
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION d. STREET ADDRESS ON A FAR YES \(\sigma \) NO ON A FAR	M?
3.	3. NAME OF DECEASED (Type or print) Print First Pamer 4. DATE OF DEATH Oct. 15, 196	61
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED DOCK 9 1881 9. AGE (In yeors last birthday) So yrs. IF UNDER 1 YEAR IF UNDER 24 Months Doys Haurs A	HRS.
	100. USUAL OCCUPATION (Give kind of wark dane dane dane dane dane dane dane dane	ITRY?
1	William Little Matilda	
IS ()	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give war or dates of service) 3/8-05-65327ms Gola Cochrane - Barstow, Med.	,
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWEE ONSET AND DEA	EN TH
	Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse last. DUE TO Conditions, if any, which (b) DUE TO Couse (o), stoting the under-lying couse last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO.	D?
CERT	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICA	20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While of wark	State)
	21. I certify that (I) (this haspital) attended the deceased from	ave.
	ATTENDING MED. STAFF PHYS. 10/16/6/	GNED
	22c. PHYSICIAN'S NAME (Type) R. de VILLARREAL 27. LEONARDS, MD.	
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Signe) BEMOVAL (Specify) Oct. 17, 1961 Osbury Cemetery Barstow - Celretto - Me	f.
24	24. FUNERAL DIRECTOR'S SIGNATURE ADARESS Lived, Military DATOCT 17'61 Outlined & House	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11215

		LACE OF DEATH D. COUNTY	Calre	A	MARYLA	a STATE	ESIDENCE (Where		If institution: Resid	dence befare ac	dmission)
4	1	OURAL ond give		porate limits, write	c. LENGTH OF STAY IN	1b c. CITY C	R TOWN (If autsid	de corporate limi	its, write RURAL ar	nd give nearest	town)
	0	DR INSTITUTION		hospital, give street		d. STREE	T ADDRESS			C	RESIDENCE ON A FARM?
		NAME OF DECEASED (Type or print)	mo	f First	Middle	Rams	ly	DATE OF DEATH	Oct,	Day	Yeor 19 6/
	S. S	M.	6. COLOR	WIDOW	RRIED NEVER MARRIED VED DIVORCED [17.189	9. AGE lost	(In years IF UND birthday) Manth	DER 1 YEAR IF L	DNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) tarm len and tarming (Calretto, Ind) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									PAT COUNTRY?	
		WAS DECEASED E		RMED FORCES? 16 or dates of service)	social security No.	17. INFORMANT	mie	m, 4.	Address C+	1	1. %.
			EATH WAS CAL IMMEDIATE any, which	DUE TO	line far (a), (b), and (c).] Right Stroke	-	ouia.	Source A			AL BETWEEN AND DEATH
0	CATION	couse (o), stoting tying cause los	st.	(c)	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE COND	DITION GIVEN IN F	P	VAS AUTOPSY ERFORMED? S NO
	CERTIFI	20a. ACCIDENT NOR CONTRIBUTION (IF EITHER, NOTI	NG CAUSE C	F DEATH	SCRIBE HOW INJURY OCC	URRED. (Enter natur	e of injury in Port	1 ar Part 11 af it	em 18.)		
	MEDICAL	20c. TIME OF INJ Haur a. m p. m	1.	Doy, Year 20d. While at wa	e Not while	e. PLACE OF INJUR factory, street, a		20f. (City ar taw	n)	(County)	(State)
		saw the dece		- A 5	ided the deceased from 1961, and the						
	H		on 5.	noli-03	an Hulen	M.D. ATTEND PHYS.	DIREC	TOR D STAF	5. 🗆	00.1	22b. DATE
		22c. PHYSICIAN'S NAME (Type	lssam	F. El-Damal	quji, M. D.	220. AD	DKE22				
	-	BURIAL, CREMAT REMOVAL (Speci	y det	14,196	Walus 7	RY OR CHIMATOR	1 4	sland	breek-	Calrut	(Stote)
	4	G. 7 fa	ikne	s Hern	- mutua	o, med.	25a. REC'D 8) OCT DATE	REGISTRAR	25b. REGISTRAR'S	8. Thus	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		11216 CERTIFICATE OF DEATH						
)		PLACE OF DEATH COUNTY CALUERT CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE b. COUNTY	efare admission)				
	ŀ	c. CITY OR TOWN (If autside carporate limits, write, c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	nearest tawn)				
	(d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION PINCE PERFICE	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO				
	1	NAME OF DECEASED Type or print) ANN Eirst E RENATA	OCHULTZ 4. DATE OF Manth OF DEATH OCT 2	Day Year 1				
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO	B. DATE OF BIRTH FeB 10 1952 9. AGE (In years last birthday) Anoths Day	AR IF UNDER 24 HRS. As Haurs Min.				
	10°a	. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 5700800	LINNAPOLIS, Med US	OF WHAT COUNTRY?				
1	13.	NORMAN B. SCHULTZ	14. MÖTHER'S MAIDEN NAME LYDIA K. WALTE	R				
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. (19. Social Security No. 17. IN 19. Social Security No. 17. IN 19. Social Security No. 19. Social	Norman B. Schulty Sh.	pousibe 1				
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	Jeven (Heart Envoluent) +	NTERVAL BETWEEN NSET AND DEATH				
	CERTIFICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Le & Rheumatic heart (?) D. (Enter nature of injury in Part I or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City ar tawn) (Caun	ty) (State)				
		21. 1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an OUT 20 1961, and that a	death accurred at M, fram the causes and an the do	that (1) (we) last ate stated abave.				
		220. SIGNATURE Lawellanus	M.D. PHYS. MED. STAFF DIRECTOR PHYS	22b. DATE SIGNED				
		22c. PHYSICIAN'S RAME (Type) FLEW HILL ARRED (M)	22d. ADDRESS 5.4 LEONARD - N.	10				
	1	REMOVAL (Specify) OC + 22/7(1 WOOD F)	eld 1 GAlesville	/Slote)				
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Galest	DATE OCT 2 4 '61 Circlus & H					

STIDSON BULLE LYDIN H. WH-TER Monte of Schult Shapping M. Malayer and more wellich in